STATEMENT OF

RECEIVED

| FORM 1 | ORGANIZATION | | | 2012 JAN 19 PM 12: 50 FFOMMANIOGENTER | | |
|---------------------------------------|---------------------|--|----------------------|--|-----------------|----------------------------------|
| 1. NAME OF COMMITTEE (in | ı full) | (Check if name is changed) | Example: over the | If typing, type lines. | 12FE4M5 | |
| Friends of | Byron | Donalds | | | | |
| ADDRESS (number a | nd street) | 11216 Tam | ami Trai | North #13 | 32 | |
| (Check if address is changed) | | Naples | | | FL | 34110 |
| | | | CITY | | STATE | ZIP CODE |
| COMMITTEE'S E-MA (Check if is change | address | SS (Please provide only o | | 2012.com | | |
| COMMITTEE'S WEB | PAGE ADI | DRESS (URL) | | | | |
| (Check if is change | | | | | | |
| 2. DATE 01 | l [™] ′ 17 | 2012 | | | | |
| 3. FEC IDENTIFIC | CATION N | Ј МВЕР С | | | | |
| 4. IS THIS STATE | MENT 🔀 | NEW (N) OF | · 🗌 | AMENDED (A) | | |
| I certify that I have | examined th | nis Statement and to the | best of my know | ledge and belief it i | s true, correct | and complete. |
| Type or Print Name | of Treasure | Byron Don | alds | | | |
| Signature of Treasur | er | 12 | | | Date 01" | ′ 17° ′ 20′12 ° |
| NOTE: Submission of | | eous, or incomplete information and CHANGE IN INFORI | | | | the penalties of 2 U.S.C. §437g. |
| Office Use Only | | | Fede | further information coloral Election Commission Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |